

11  
8  
44

**MULTIPLE DEPENDENT CLAIM  
FEE CALCULATION SHEET**

SERIAL NO.

FILING DATE

APPLICANT(S)

**CLAIMS**

	AS FILED		AFTER 1ST AMENDMENT		AFTER 2ND AMENDMENT	
	IND	DEP	IND	DEP	IND	DEP
1	/					
2		/				
3		/				
4		3				
5		/				
6		/				
7		/				
8		/				
9		/				
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32		/				
33		/				
34		/				
35		/				
36		3				
37		3				
38	/					
39		/				
40		2				
41		2				
42	/					
43		/				
44		/				
45	/					
46		/				
47		/				
48		/				
49		/				
50	/					
TOTAL IND.	8					
TOTAL DEP.	63					
TOTAL CLAIMS	71					

	AS FILED		AFTER 1ST AMENDMENT		AFTER 2ND AMENDMENT	
	IND	DEP	IND	DEP	IND	DEP
51		/				
52		/				
53		/				
54	/					
55		/				
56		/				
57		/				
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99						
100						
TOTAL IND.						
TOTAL DEP.						
TOTAL CLAIMS						